| | | | | | | | | Application or Docket Number | | | | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------|-------------------------------|----------------------|------------------|-------------------|------------------------------|-------------|------------------------|-------------------------------|------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003 | | | | | | | | 10/657)328 | | | | | | |
| ALANIA AA SU ED. DADTI | | | | | | | | | | | | | | |
| | | | 1) | (Column 2) | | | SMALL ENTITY TYPE | | | OR | OTHER THAN OR SMALL ENTITY | | | |
| TOTAL CLAIMS | | | 20 | | | | 1 | RATI | E | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE 3 | | 375.00 | OR | BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 2 U minus 20= | | • 2 | | | X\$ 9= | | 0 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | • 0 | | | X42= | | ð | OR | X84= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PF | RESENT | | | | | +140= | | 0 | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL 326 | | | OR | TOTAL | | |
| LILE CLAIMS AS AMENDED - PART II | | | | | | | | | | | | OTHER | THAN | |
| H | 18,05 | (Column 1) | | (Colui | nn 2) (Column 3) | | | SMA | LL | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATI | E | ADDI- TIONAL FEE | _ | RATE | ADDI- TIONAL FEE | |
| DME | Total | · 20 | Minus | ** () | O | = | | -X\$ 9 | = / | | OR | X\$18= | | |
| MEN | Independent | . 3 | Minus | *** | .3 | = / | | ¥42: | <u>-</u> | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +140 | _ | | OR | +280= | | |
| | | | | | | | | | TAL | | OR | TOTAL | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | On | ADDIT. FEE | L | |
| | | (Column 1) CLAIMS | | HIGH | IEST | (Column 3) | 1 1 | | | ADDI- | | | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | PRESENT EXTRA | | RAT | E | TIONAL | | RATE | TIONAL | |
| MON | Total | * | Minus | ** | | = | | X\$ 9 | = | | OR | X\$18= | | |
| AME | Independent | <u>.</u> | Minus | *** | | - | | X42: | = | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +140 | | | OR | +280= | | |
| | | | | | | | | TO ADDIT, F | TAL | | OR | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | EE | | | ADDIT. FEE | | |
| 1 | | CLAIMS | F | HIGH | HEST | | 1 | | | ADDI- | | | ADDI- | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RAT | E | TIONAL FEE | | RATE | TIONAL FEE | |
| NDS | Total | * | Minus | ** | | - | | X\$ 9 | = | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | | - | | X42: | = | | OR | X84= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +140 | | | | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. | | | | | | | | | | | OR | TOTAL | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | | OR | ADDIT. FEE | | |
| | | nber Previously Pa | | | | | er fo | und in th | е ар | propriate bo | x in co | olumn 1. | | |